

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG-32005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4388</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Robert</u> <u>E</u> <u>Koerschner</u> P.O. Box, Bldg., Room No., if any <u>N/A</u> Street <u>845 East F Street</u> City <u>Iron Mountain</u> State <u>Michigan</u> ZIP Code + 4 <u>49801</u>	4. Name, file number, and address of labor organization. Name <u>IBEW Local 219 AFL-CIO</u> Labor Organization File Number <u>008-308</u> P.O. Box, Building and Room Number, if any <u>N/A</u> Street <u>205 East Flesheim Street</u> City <u>Iron Mountain</u> State <u>Michigan</u> ZIP Code + 4 <u>49801-2951</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert E. Koerschner

On

07/29/2005

Date

906-779-1505

Telephone Number

Name of Person Filing Robert Koerschner

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Michigan Electrical Employees' Health Plan

Trade Name, if any: N/A

P.O. Box, Bldg., Room No., if any Suite 401

Street 6011 West St. Joseph

City Lansing

State Michigan ZIP Code + 4 48917

14.a. Nature of payment.

Reimbursement of mileage and accommodations for 6/14/04 trustee meeting.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$365

Name of Person Filing Robert Koerschner

File Number U-

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Name N/A

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P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

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11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Michigan Upper Peninsula IBEW Pension Plan

Trade Name, if any: N/A

P.O. Box, Bldg., Room No., if any N/A

Street 119 South Front Street

City Marquette

State Michigan ZIP Code + 4 49855

14.a. Nature of payment.

2/24/04 reimbursement of mileage and expenses for trustee meeting.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$258

Name of Person Filing Robert Koerschner

File Number U-

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Street

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Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

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City

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Trade Name, if any: N/A

P.O. Box, Bldg., Room No., if any N/A

Street 119 South Front Street

City Marquette

State Michigan ZIP Code + 4 49855

14.a. Nature of payment.

4/13/04 reimbursement of mileage and expenses for trustee meeting.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$257

Name of Person Filing Robert Koerschner

File Number U-

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P.O. Box, Bldg., Room No., if any

Street

City

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11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Michigan Upper Peninsula IBEW Pension Plan

Trade Name, if any: N/A

P.O. Box, Bldg., Room No., if any N/A

Street 119 South Front Street

City Marquette

State Michigan ZIP Code + 4 49855

14.a. Nature of payment.

5/25/04 reimbursement of mileage and expenses for trustee meeting.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$263

Name of Person Filing Robert Koerschner

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- ☐ b. Trust
- ☐ c. Employer

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Street

City

State ZIP Code + 4

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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Michigan Upper Peninsula IBEW Pension Plan

Trade Name, if any: N/A

P.O. Box, Bldg., Room No., if any N/A

Street 119 South Front Street

City Marquette

State Michigan ZIP Code + 4 49855

14.a. Nature of payment.

8/24/04 reimbursement of mileage and expenses for trustee meeting.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$259

Name of Person Filing Robert Koerschner

File Number U-

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Trade Name, if any: N/A

P.O. Box, Bldg., Room No., if any N/A

Street 119 South Front Street

City Marquette

State Michigan ZIP Code + 4 49855

14.a. Nature of payment.

11/30/04 reimbursement of mileage and expenses for trustee meeting.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$257